

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
OCCUPATIONAL AND PROFESSIONAL LICENSING ADMINISTRATION
P.O. BOX 37200 WASHINGTON, D.C. 20013-7200

BOARD OF OCCUPATIONAL THERAPY



ADDRESS ALL COMMUNICATIONS
TO THE BOARD

VERIFICATION OF REGISTRATION

TO BE COMPLETED BY APPLICANT

To the State Board of Occupational Therapist

in _____ an application for registration by endorsement
has been received from:

NAME _____

ADDRESS: _____

Identified as a graduate of _____
(School of Occupational Therapy)

(Location of) Licensed year _____

TO BE COMPLETED BY STATE BOARD OF OCCUPATIONAL THERAPY

Kindly verify the registration of the above person in your state by giving us the following information:

Registration Number _____ Date Issued _____

By Examination _____ By Waiver _____

By Reciprocity _____ By Endorsement _____

Is the applicant currently registered? _____

Has registration ever been surrendered, suspended, or revoked? _____

If yes, has it been reinstated? _____

PLEASE GIVE FULL PARTICULARS ON REVERSE SIDE OF THIS FORM

Has applicant written the examination of the Professional Examination Licensing Service of the America Public Health Association? _____

If yes, what year? _____

Is your State Board willing to reciprocate in a like case in the District of Columbia? _____

On behalf of _____ the State of _____

I certify the above statements are correct.

Signature	_____
State	_____
Date	_____